

In re Application of: ESIN GULARI et al.

For: METHOD OF DELAMINATING A GRAPHITE STRUCTURE WITH A

COATING AGENT IN A SUPERCRITICAL FLUID

Attorney Docket No: 10114-015

Express Mail" mailing label number: EV329458538US

Date of Deposit: July 16, 2003

BRINKS HOFER GILSON &LIONE

UTILITY PATENT APPLICATION TRANSMITTAL

MS Patent Application Commissioner for Patents U.S. Patent and Trademark Office P. O. Box 1450 Alexandria, VA 22313-1450

Sir:

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T (M - A) (M - E) E E E		g the following elements and other papers:
Transmitten nerewith is a new abblication	Dinner 37 L. E. R. 61 53(D) Incilioir	ia the tollowing elements and other habers:

- Specification, including 21 pages of application (including title page, claims and Abstract), 4 sheet(s) of drawings, and the following Appendices:
- Combined Declaration and Power of Attorney (3 pages) (☒ Executed ☐ Unexecuted) 2. 🛛
- 3. Information Disclosure Statement, including Form PTO-1449 (3 sheets) and copies of references cited
- Assignment Recordation Cover Sheet and attached assignment to: Wayne State University
- 5. [
- 6. D
- 7. F

Total Claims 16-20 0 x\$9= \$ or x\$18= \$	_. ເຄ
Claims as Filed Col. 1 Col. 2 Small Entity Small Entity For No. Filed No. Extra Basic Fee Total Claims 16-20 0	5
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For No. Filed No. Extra Basic Fee Basic Fee Sart	: 2
Basic Fee Total Claims 16-20 0	
Total Claims 16-20 0 x\$9= \$ or x\$18= \$ Indep. Claims 4-3 1 x\$42= \$ or 1x\$84= \$ 8 Multiple Dependent Claims Present +\$140= \$ or +\$280= \$ *If the difference in col. 1 is less than zero, enter "0" in col. 2. Total \$ Total \$ 83 A check in the amount of \$834.00 to cover the filing fee is enclosed. Please charge my Deposit Account No. 23-1925 in the amount of \$ A copy of this Transmittal is encommunication or credit any overpayment to Deposit Account No. 23-1925. A copy of this Transmittal is encommunication or credit any overpayment of the following fees associated with this communication or credit any overpayment of the following fees associated with this communication or credit any overpayment of the following fees during the pendency of the application or credit any overpayment to Deposit Account No. 23-1925. A copy of this Transmittal is encomplication or credit any overpayment to Deposit Account No. 23-1925. A copy of this Transmittal is encomplication or credit any overpayment to Deposit Account No. 23-1925. A copy of this Transmittal is encomplication or credit any overpayment to Deposit Account No. 23-1925. A copy of this Transmittal is encomplication or credit any overpayment to Deposit Account No. 23-1925. A copy of this Transmittal is encomplication or credit any overpayment to Deposit Account No. 23-1925. A copy of this Transmittal is encomplication or credit any overpayment to Deposit Account No. 23-1925. A copy of this Transmittal is encomplication or credit any overpayment to Deposit Account No. 23-1925. A copy of this Transmittal is encomplication or credit any overpayment to Deposit Account No. 23-1925. A copy of this Transmittal is encomplication or credit any overpayment to Deposit Account No. 23-1925. A copy of this Transmittal is encomplication or credit any overpayment to Deposit Account No. 23-1925.	
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Any patent application processing fees under 37 CFR § 1.17.	
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P.O. Box 10395	

Chicago, IL 60610

(734) 302-6000

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July 16, 2003				
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Lawrence G. Almeda (Reg.No. 46,151)

Attorney Of Record

37 C.F.R. 1.34(a)

In re Application of: ESIN GULARI et al.

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Sir:

Transmitted herewith is a new application under 37 C.F.R. §1.53(b), including	g the following	g elements and ot	.ner papers:
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1.	Specification, in and the followin			tion (including title p	age, claims	and A	sbstract), 4 sheet(s	s) of	drawin	gs,
2.	. Combined Decla	aration and Po	wer of Attorn	ey (<u>3</u> pageş) (⊠ Exe	ecuted 🔲 (Jnexe	cuted)			
3.		losure Statem	nent, including	Form PTO-1449 (<u>3</u>	sheets) and	d copi	es of references ci	ted		
4.	Assignment Red	cordation Cove	er Sheet and a	attached assignmen	t to: Wayne	State	University_			
5.	☐ Other:									
6.	Return Postcard	i								
7.	Fee calculation and p	payment:								
				•			Other Th	an		
	Claims as Filed	Col. 1_	Col. 2	Small En	tity		Small En	tity		
	For	No. Filed	No. Extra	Rate	Fee	or	Rate	F	ee	İ
	Basic Fee				\$ 375	or		\$	750	İ
	Total Claims	16-20	0	x\$9=	\$	or	x\$18=	\$		
	Indep. Claims	4-3	1	x\$42=	\$	or	1x\$84=	\$	84	İ
	Multiple Dependen	t Claims Pres	ent	+\$140=	\$	or	+\$280=	\$		
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	A check in the	amount of \$83	<u>34.00</u> to cover	the filing fee is enc	losed.					
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8.	Correspondence Ad	dress: Please	address all fu	uture communication	ns to:					
			DDINII	Lawrence G. Almed						
			BKINK	S HOFER GILSON P.O. Box 10395	& LIONE					
				Chicago, IL 60610)					
				(734) 302-6000						
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BRINKS HOFER GILSON & LIONE P.O. Box 10395, Chicago, IL 60610